

Name Arkansas Terminaling and Trading First Name \_\_\_\_\_Facility Name Arkansas Terminaling and Trading - North Little Rock

Example -23 N MAIN ST NW SUITE 100 P O BOX 2000

Street Number (ex '123') \_\_\_\_\_

Prefix (ex 'V') \_\_\_\_\_

Street Name (ex 'MAIN') \_\_\_\_\_

Street Type (ex 'ST') \_\_\_\_\_

Suffix (ex 'VW') \_\_\_\_\_

Additional Information (ex 'SUITE 100') \_\_\_\_\_

Other Central Airport Road - North Little Rock, Arkansas  
1/4 Mile North of Highway US 70

Post Office Box Number (ex '2000') \_\_\_\_\_

City North Little Rock State AR Zip Code. \_\_\_\_\_ - \_\_\_\_\_

Facility Phone Number ( ) - -

Is the mailing address the same as the facility address? (y/n) (y)

If N, complete top portion of top box page 2

Docket No 06- AR-00042 Plan Location (Box No.) AR-006Date Plan Received 8/24/93 Date Docket No Assigned: 8/24/93Confidential Business Information Claimed Yes (No)If yes action taken Plan sent to EPA \_\_\_\_\_ Date sent 1/1/93

Other \_\_\_\_\_

Conflict of Interest

Date info sent to Buffalo 8/24/93 Date COI checked: 1/1/93

Is there COI Yes No

If yes, action taken Plan sent to EPA \_\_\_\_\_ EPA notified: 1/1/93

Other \_\_\_\_\_

Personal COI (All reviewers to sign):

9490469

For the purpose of reviewing the above facility's response plan, I do not have any conflict of interest as per E &amp; E's personal COI policy

Signature: (1) J. JanboDate 11/11/93

(2) \_\_\_\_\_

Date \_\_\_\_\_

(3) \_\_\_\_\_

Date \_\_\_\_\_

## Add A Facility Response Plan

Company Name Arkansas Terminaling and Trading  
Mailing Address Route 1 - Box 67A - Central Airport Road  
City North Little Rock State AR Zip Code 72117  
Country USA  
Largest tank capacity (Gallons) 3,150,000  
Maximum storage capacity (gallons) 10,107,972  
Total number of storage tanks 5  
Dun and Bradstreet number 027139807 Primary SIC code 5171  
Worst case discharge amount (gallons) \_\_\_\_\_  
Lead agency for response? EPA

## Add A Facility Response Plan

Facility operations include oil transfer to vessels over water? (Y/N) N  
Facility lacks adequate secondary containment for any tank? (Y/N) N  
Facility located near public drinking water intake? (Y/N) Y  
Facility located near an environmentally sensitive area? (Y/N) Y  
Reportable spill >10,000 gal and capacity >1,000,000 gal? (Y/N) N  
Facility Latitude. 34 - 46 - 28 Facility longitude 092 - 10 - 45  
Distance from facility to water (miles) \_\_\_\_\_  
Contact first name: Lisa Last name: Brannan  
Title of contact person Staff Engineer

## FACILITY RESPONSE PLAN (FRP) TRACKER

## Add A Facility Response Plan

Number of ASTs 5 Total AST capacity (gallons) 10,107,972  
Number of USTs 0 Total UST capacity (gallons) 0  
Date response plan received 8/24/93  
Status of initial response plan for receipt postcard others  
Facility poses significant/substantial harm? (Y/N) Y  
Date facility certification received \_\_\_\_\_  
Facility certification adequate? (Y/N) \_\_\_\_\_

## Add A Facility Response Plan

Facility granted 2 year extension? (Y/N) \_\_\_\_\_  
Response plan reviewed? (Y/N) \_\_\_\_\_  
Date response plan review completed \_\_\_\_\_  
Modifications to response plan necessary? (Y/N) \_\_\_\_\_  
Date modifications to response plan due. \_\_\_\_\_  
Date modifications to response plan received \_\_\_\_\_